

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084345

1. Entity Name
OCEAN STONE, INC.

Principal Place of Business
4400 34TH STREET NORTH, UNIT F
ST. PETERSBURG FL 33714

Mailing Address
4400 34TH STREET NORTH, UNIT F
ST. PETERSBURG FL 33714

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GUZMAN, LUIS A
4400 34TH STREET NORTH, UNIT F
ST. PETERSBURG FL 33714

4. FEI Number
59-3744673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GUZMAN, LUIS A
STREET ADDRESS 4400 34TH STREET NORTH, UNIT F
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ Delete

TITLE D
NAME MARTINEZ, MAGDIEL
STREET ADDRESS 4400 34TH STREET NORTH, UNIT F
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ Delete

TITLE D
NAME PEREZ, ROBERT
STREET ADDRESS 4400 34TH STREET NORTH, UNIT F
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Luis A. Guzman 1/4/02 727-522-2896

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 001 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)